

# **REINSTATEMENT OF A REVOKED** **NURSING LICENSE**

***Presenter:***

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***Nurse Consultant***

# Objectives

- **Identify** necessary components of the individual's Application for Reinstatement of Revoked Nursing License.
- **Organize** the required components of the Individual's Application for Reinstatement of Revoked Nursing License prior to submission to the Board.

# Outline

- Overview
  - Website
  - Public Records
  - Law & Rules
- ALL Applications
- Criminal History
- Substance Use
- Case Scenarios



# Public Records

## Alabama Board of Nursing Administrative Code

### § 610-X-4-.14 Fees

- Copies of Records **\$5.00** search fee plus **0.25** per page

Example: If your previous Consent Order is 18 pages:

**\$5.00** Search Fee

**\$4.50** (0.25 X 18)

**\$9.50**

# The Law

- Nurse Practice Act

- § 34-21-25. Denial, suspension or revocation of license; administrative fines; voluntary disciplinary alternative program.

- (g) If the accused person is found guilty of the charges, the board may refuse to issue a license, may revoke or suspend a license, or may otherwise discipline a licensee. A revoked license may be considered for reinstatement after one year in accordance with board rules.

# The “Rules”

- Alabama Board of Nursing Administrative Code
  - 610-X-8-.11 Reinstatement of a Revoked License

**ALL APPLICATIONS**

# ALL Applications

## PART A

- Application may be made **twelve months** after the effective date of revocation (1)
- **Non-refundable** application fee (2a)
- **Citizenship**/Legal presence (Basic Licensure Req.)
- Name change info, if any (Basic Licensure Req.)



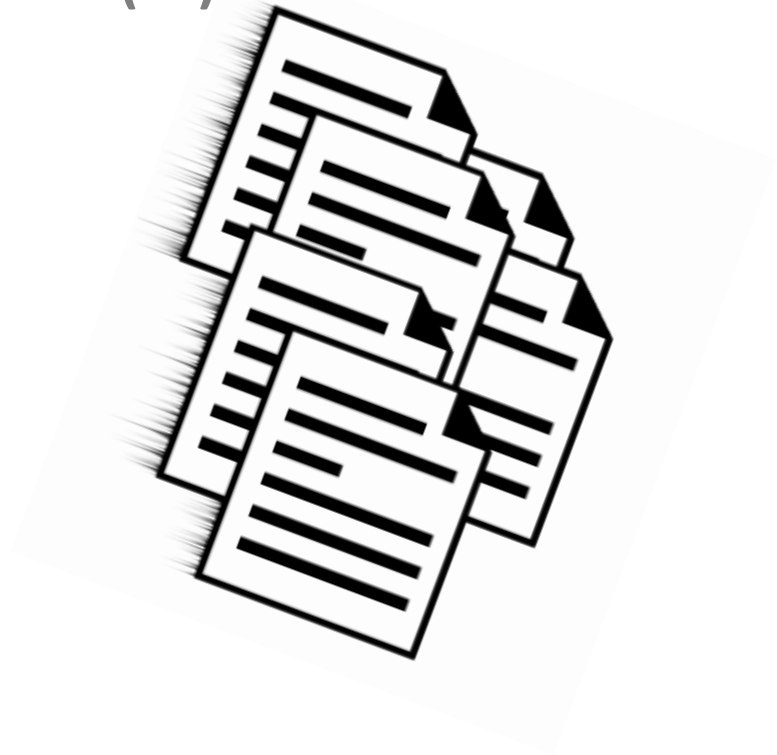
# ALL Applications

**PART B** = Demographics

**PART C** = Regulatory Questions

**PART D** = **Continuing education** (2c)

(Basic Licensure Req.)



# ALL Applications

## PART E

- **Detailed letter of explanation** regarding the circumstances that resulted in the revocation of the license and actions taken to address the issue (2b)
- If the license was revoked while on probation or suspension:
  - documented **evidence regarding efforts to comply with any previously stipulated terms** of a Board Order or agreement. (2f)

# ALL Applications

## PART F (2d)

**Verification** of the status of **ALL** health-care related licenses, certifications, and registrations

- This is required even if you have previously submitted verifications

## PART G (2n)

Complete **employment** history:

- Employer/supervisor contact information (if available)
- Employment dates
- Job title / duties
- Reason for leaving

# ALL Applications

## PART H (2e)

- Five (5) **affidavits** from persons who are not related to the applicant and who have direct **knowledge of the circumstances surrounding the revocation** of the license and the actions taken to address the issue
  - Use **FORM 1: Supporting Affidavit**

# **Case Scenario:**

## **Suspension & Mental Health**

# Case Scenario: Suspension

- Nurse's license was **suspended for 30 days and until** he completed CE courses on Medication Administration, Documentation, Critical Thinking & Professional Accountability, & paid a \$1000 fine.
  - The Order included an automatic revocation clause that the license would be revoked if the Suspension was not lifted in 12 months.
  - This was due to the nurse's error in medication administration which resulted in an adverse pt outcome.

# Case Scenario: Suspension

- The nurse submitted certificates documenting completion of 2 of the 4 ordered CE courses immediately upon the suspension of his license.
- Nurse **failed to submit documentation** of completion of the remaining 2 CE courses within 12 months
- **Failed to pay the fine** within 12 months
- Nursing License was **REVOKED** after 12 months elapsed

# Case Scenario: Suspension

- What if in this case the **Suspension** was to be followed by a period of **Probation** which included Drug Screening?
    - This nurse will need to do all of the stuff previously discussed
- AND
- a **Comprehensive Evaluation & Drug Screening**



# Case Scenario: Mental Health

If the Nurse experienced an episode which caused him/her to be **committed** for psychiatric care, whether, **voluntarily or involuntarily**, call the Nurse Consultant assigned to Applications for Reinstatement of a Revoked Nursing License to further discuss your situation!!



# **OTHER REQUIREMENTS:**

## **Military &/or Criminal History**

# Military History: Requirements

- Discharge besides “Honorable”
- Court-martialed
- Detailed letter of explanation
- Official documentation of discharge (DD214)  
(2m)



# Criminal History: Requirements

## PART J

**Pending charges:** ANY arrest(s) for misdemeanor or felony charges:

- **Detailed letter of explanation** regarding the circumstances & nature of the charges
- **Case number**
- **Jurisdiction (2k)**

**Conviction(s):** Misdemeanor or Felony (regardless of court disposition)

**Certified** copies of court records:

- **Case Action Summary** showing the final disposition of the charges
- **Plea / Deferred Prosecution Agreement**
- **Documentation of compliance** with conditions imposed by the Court **(2l)**

# **OTHER REQUIREMENTS:**

**Substance Use**

**History OR Allegation**

# Substance Use: Requirements

## PART I, Section I.1

If the circumstances that resulted in the revocation of the license involved allegations of substance abuse, substance dependence, or drug diversion, or if the license was revoked while encumbered by an order requiring a program of random drug screening, the applicant shall provide: (2g)

# Substance Use: Requirements

- Documented evidence of a **comprehensive** substance use disorder **evaluation** and fitness to return to the practice of nursing conducted by a **Board recognized** treatment **provider** whose program includes a health care professionals tract and completed no more than **twelve (12) months prior** to the date of the application. (2gi)
- Evidence of **compliance with** all treatment provider **recommendations**.
- Complete results of **drug screens** obtained from participation in a **Board recognized program of random drug testing** for a minimum of twelve (12) months immediately prior to the date of the application.

# **Case Scenario:**

## **Substance Use & Estimated Costs**



# Case Scenario: Current Rx Use

- You work for a physician as a Medical Assistant or Office Staff. You use this physician as your primary doctor. The physician prescribes pain medications for you routinely.
  - You decline to sign a release form for your selected Evaluator to contact your employer.
- You are a current participant in an Opioid-replacement or Opioid-therapy program.



# Substance Use: Requirements

- Documented evidence of a **comprehensive** substance use disorder **evaluation** and fitness to return to the practice of nursing conducted by a **Board recognized** treatment **provider** whose program includes a health care professionals tract and completed no more than twelve (12) months prior to the date of the application.
- Evidence of **compliance with** all treatment provider **recommendations**. (2gii)
- Complete results of **drug screens** obtained from participation in a **Board recognized program of random drug testing** for a minimum of twelve (12) months immediately prior to the date of the application. (2giii)

# Case Scenario: Other Treatment (Non Board-approved)



Olivia's House

Olivia's House was the first residency program for women and children in the state of Alabama. Call (205) 833 8708 or (205) 836 5603.



Pearson Hall

Pearson Hall is a short-term crisis stabilization treatment and indigent detoxification program, serving male and female patients. Call (205) 923 6552.



The Zukoski Center

The Zukoski Center is a substance abuse outpatient treatment program. Call (205) 785 5787.

# How Much Does All of This COST???

- Comprehensive Evaluation: **\$3000-\$4000**
- Drug Screens: **\$1620 - \$2160** (12 months (2-3x) X \$60-\$80)
- Recovery meetings (12 step, CR, etc.): **FREE!**
- Individual Therapy, *if recommended*: **Varies**
- Aftercare, *if recommended*: **Varies** (usually included in cost of tx)
- CE: **Varies**, but can be **FREE!**
- Application fee: **\$750**
- Fine: **\$1000** (Varies)

# Case Scenario: Past VDAP or Consent Order

- A. Nurse was previously in **VDAP** & VS when she decided to save her family money since she wasn't working due to staying home with a chronically ill child.
- B. Nurse was ineligible for admission into VDAP due to denial of SUD. She signed a **CO** which required her to undergo an Evaluation where she was diagnosed with SUD & was recommended for residential treatment. She was unable to afford **\$30,000** for treatment and her license revoked after 12 months.

# Case Scenario: Public Reprimand

- Nurse signed a Consent Order for a Public Reprimand for practicing on a lapsed license. The CO required him to pay a \$800 fine within 30 days that he failed to pay. His license was revoked after an Administrative Hearing.

While revoked, he is arrested for:

- Possession of a Controlled Substance and Possession of Paraphernalia.

OR

- 3 Public Intoxication charges/ DUIs. He enters a Pre-Trial Diversion Program where he completes “classes” & does “color-code.” His criminal charges are dismissed.

**Does this nurse need a Comprehensive Evaluation?**

# **OTHER REQUIREMENTS:**

## **Mental Health & Board Consultation**

# Mental/Physical: Requirements

## PART I – Section I.2

If there are allegations of **physical or mental impairment**: (2hi-iii)

- Documented evidence of *current* **neuropsychological** and **physiological** evaluations.
- Compliance with all treatment provider recommendations.
- A statement from the evaluators that the individual is **fit to return to the practice of nursing**.



# Board Consultation: Requirements

- Executed **releases** authorizing the sharing of information between and communication with all necessary healthcare providers and Board staff.
  - Providers usually have specific releases **(2i)**
- Submission of results of all required evaluations conducted by a Board acceptable licensed healthcare provider ***in consultation with Board staff***. **(2j)**
  - Form 3

# **FINAL CONSIDERATIONS:**

**Application Disposition**

**Case Scenario: Practice & Other**

# I've submitted my application.

## Now what?

Applications for reinstatement of a revoked license are incomplete until all of the information required to be provided pursuant to this rule has been submitted.

The Board may not consider incomplete applications. (3)

Applications for reinstatement of a revoked license may be resolved either informally or through the administrative hearing process. (4)

# Case Scenario: Practice

- Nurse voluntarily surrendered the license because she moved out of state while the Board was still investigating an employer complaint that she **falsely documented Home Health visits** which she did not perform



# Case Scenario: Other

- Revoked LPN license > RN school
- No time limits
  - Refresher course



# How does the Board evaluate my application?

In considering reinstatement of a revoked license, the Board may evaluate factors that include but are not limited to: (5)

- **Severity** of the act(s) that resulted in revocation of the license.
- **Conduct** of the applicant **subsequent** to the revocation of license.
- Lapse of **time** since revocation.
- **Compliance** with all reinstatement requirements stipulated by the Board.
- Rehabilitation attained by the applicant as evidenced by **statements** provided directly to the Board from qualified individuals who have professional knowledge of the applicant.
- Whether the applicant is in **violation** of any applicable statute or rule.

# Discipline Levels

- **Public Reprimand**
  - Fine
- **Probation**
  - Fine
  - Work requirement
  - Employment restrictions  
(Home Health, Hospice,  
Travel, etc.)
- **Suspension**
  - Very Rare
- **Revocation**

Further questions:

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